

Dec 3, 2008

Honorable Robert B. Brain
United States Bankruptcy Court
Southern District of New York
One Bowling Green, Room 1010
New York, New York 10004

Dear Honorable Robert B. Brain:

I Shaeyl Yvette Carter, enclosing copies of documents concerning my previous attorney Todd Kise, & Brown & Associates / others, copies from, or concerning my Yorkers Compensation claims. As I continue being mislead, misrepresented, delay tactic, etc. Atty Todd Kise withdrew my claim, until it expire, I fired him. Then Brown & Associates contacted me, I heard that firm, then Brown & Associates had me sign a form giving them access to my Social Security file. When again I was mislead, misrepresented, they never contacted my doctor, the claim was dismissed. 3/08, I was notified 10/24/08 after my Social Security Hearing, so I fired Brown & Associates, then hired Michael Keenan who was not doing nothing at this point.

I don't know if my Yorkers Compensation is added in my claim. In your box, I tried several times to contact Ralph Harvey Fuerthman Caseau Consultants, Inc, I was directed to an answering service, several times, I left several messages. In the documents I received by 10/16/2008, I read failure of the debtors to pay their Yorkers Compensation obligations suppose to be held in a draw down, the debtors are authorized to pay all amounts related in Yorkers Compensation claims. I do not know if the amounts are

included in my claim.

Also Honorable Robert S. Bean I did not sign any papers giving up any of my rights. I also hope that my other Attorney Dorothy Lamm gave up all my rights including the first one dated 5/06 through 12/15/06

Thank You.

Sincerely
M. J. Sauf J. Carter

P.S. There was my 1st Attorney who handled this claim in Dayton Ohio, who I had to repeat to the Bar Association on misrepresentation, and held document that took 1st yes to be denied.

Sincerely
M. J. Sauf J. Carter



Ohio Bureau of Workers Compensation Detail

Access: **REPRESENTATIVE**
Selection: **SSN SEARCH**
Sub Selection: **CLAIM STATUS**
SSN: **06-888317**

Date/Time Searched: **10/28/2008 02:39 PM**

Ohio BWC Status: **CONNECTED**

DISCONNECT

Claim Status

Claim #	06-888317	Claim Status	DISMISSED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	12-15-2006
Filing Date	01-10-2007	Statute of Lim.	12-16-2011	Change Over	
Status	ACTIVE	Status Date	12-15-2006	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	03-05-2007
Last Updated	11-05-2007	MMI Date			

Selection Menu **SSN Search**
Injured Worker **Injury Status** **Payment Plan**

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Ohio Bureau of Workers Compensation Detail

Access: **REPRESENTATIVE**
Selection: **SSN SEARCH**
Sub Selection: **CLAIM STATUS**
SSN: **04-826088**

Date/Time Searched: **10/28/2008 02:39 PM**

Ohio BWC Status: **CONNECTED**

DISCONNECT

Claim Status

Claim #	04-826088	Claim Status	DISALLOWED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYLY				
Filing Date	05-12-2004	Statute of Lim.	04-27-2014	Change Over	06-24-2004
Status	ACTIVE	Status Date	04-27-2004	Handicap Pct.	0.0
Last Hearing	Last Medical Paid				
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact	Inj Worker Contact				
Medical Settled	Compensation Settled				
Last Updated	09-14-2004	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: **REPRESENTATIVE**
Selection: **SSN SEARCH**
Sub Selection: **CLAIM STATUS**
SSN: **98-801409**

Date/Time Searched: **10/28/2008 02:40 PM**

Ohio BWC Status: CONNECTED		<input checked="" type="checkbox"/> DISC
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Claim Status

Claim #	98-801409	Claim Status	DISALLOWED	Claim Type	MO-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y				
Filing Date	05-19-2003	Statute of Lim.	03-01-2004	Change Over	
Status	ACTIVE	Status Date	03-01-1998	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	06-30-2003
Last Updated	04-28-2006	MMI Date			

Selection Menu	SSN Search	
Injured Worker	Injury Status	Payment Plan



Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
SSN: 084-58-9353

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

DISCONNECT

Social Security Search

Click the circle next to the Claim Number and then click on the appropriate Sub Request.

CLAIM # INJURED WORKER DATE OF INJURY ARCHIVED SOURCE STATUS

- 98-801409 SHARYL Y CARTER 03/01/1998
- 06-888317 SHARYL Y CARTER 12/15/2006
- 04-826088 SHARYL Y CARTER 04/27/2004

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[Claim Location](#)

[Claim Status](#)

[Injured Worker](#)

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Your self-insured employer information and BWC claim number are listed on the attached cards. You are responsible for communicating any claim information to your employer and for advising medical providers that your claim is self-insured.

I wish you a safe, quick recovery and return to work.

Sincerely,


William E. Nabe, Administrator/CEO

CC:
STEPHANIE M FRONISTA-WARD MD

Please detach one card to carry with you and keep the second card for your records.

BWC IDENTIFICATION CARD

INJURED WORKER:	SHARYL Y CARTER
CLAIM NUMBER:	06-888317 SI
INJURY DATE:	12/15/2006
EMPLOYER:	DELPHI AUTOMOTIVE SYST
PHONE NUMBER:	
EMPLOYER REP:	SEDGWICK CLAIMS MANAGEME
PHONE NUMBER:	(614) 485-3001
BWC SELF-INSURED DEPARTMENT	
(800) 644-6292	

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05/08/05